

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: SERENITY Program Description and Scope of Services	POLICY NO: CL-CASD-RP-01	Page 1 of 6
RESPONSIBILITY: Child Adolescent Services Division		
APPROVED BY:  1/27/23 THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 08/10/2012	
	LAST REVIEWED/REVISED: 04/09/2021	

PURPOSE:

To provide an overview of the SERENITY Home description and scope of services, that will guide staff in the delivery of such services at the Guam Behavioral Health and Wellness Center (GBHWC). This policy will meet the Commission on Accreditation of Rehabilitation Facilities (CARF) 2022 standards section 2A.1, 2A.3 and 2A.9.

POLICY:

- A. SERENITY is a group home under the Child Adolescent Services Division (CASD), that will provide a temporary short term residential treatment support of 6-12 months duration to youth coming from the Therapeutic Group Home (TGH), Crisis Stabilization and other restrictive level of care, needing help with daily living skills in a higher level of structure and supervision than what can be provided in the home.
 - 1. The home is open 24 hours a day 7 days a week including holidays providing needed services to the residents.

- B. CASD shall utilize the Child and Adolescent Service Intensity Instrument (CASII) assessment tool to determine the level of care and enrollment to SERENITY and to assess the continued need for SERENITY services.

- C. The program utilizes the Wraparound approach which links all the service provider networks (public and private) that the child and family needs to improve the child's functioning in the home, school, and in the community. The goals are:
 - 1. To stabilize young person psychologically and behaviorally and
 - 2. For the parents/relatives/ legal guardian to be ready through various therapeutic interventions to receive and care for their children.

- D. It is offered to children/adolescents ages 5 through 17 (or up to 21 if receiving SPED services and attending school), with severe emotional disturbance (SED), high risk or at-risk young people. All the following criteria are necessary for admission:
 - 1. Children and adolescents between ages five (5) through seventeen (17) or up to twenty-one (21) if receiving special education services and attending school; and
 - 2. The youth exhibit behavioral or emotional disturbances that interfere with functioning in a family setting; and he/she shall have a DSM-V or ICD 10 diagnosis, and
 - 3. Are unable to function in the family, school, or community, or in a combination of these settings. (As diagnosed by a psychiatrist or reported by parent/legal guardian/caregiver). Or, level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies, such as mental health, education, child welfare, juvenile justice, substance abuse, and

4. The family situation and functioning levels are such that the youth cannot currently remain with his/her family or be placed in a less restrictive living arrangement, and
 5. The Child and Adolescent Service Intensity Instrument (CASII) assessment tool indicates the need for a group home level of care or at least level 4.
- E. Exclusion Criteria: Any of the following criteria is sufficient for exclusion from this level of care:
1. **SED DSM-V or ICD-10 diagnoses that indicate substance use disorders or moderate to severe developmental and intellectual disabilities;**
 2. The youth's parent/custodian/guardian does not voluntarily consent to admission/treatment and there is no court order requiring this level of care.
 3. The CASII Assessment Tool and other relevant information indicate that the youth can be safely maintained and effectively treated in a less (or more) intensive level of care.
 4. The youth exhibit suicidal, homicidal or acute mood symptoms or a thought disorder that requires a more intensive level of care.
 5. The youth is unable to perform skills of daily living and requires custodial care and/or interventions that go beyond the capability of this setting; and the individualized wraparound process will not enable the youth to enter this level of care.
 6. The youth have medical conditions or impairments that would prevent participation in services and that require daily care that is beyond the capability of this setting.
 7. The youth is unable to safely participate in age-appropriate community activities for limited periods.
 8. The youth can be safely maintained and effectively treated in a less intensive level of care and that level of care is available.
 9. The youth exhibits sexually aggressive behaviors beyond the developmental norm for their age group.
- F. Any of the discharge criteria is sufficient to discharge the youth from the SERENITY home:
1. The youth no longer meet admission criteria or meets criteria for a more (or less) intensive level of care CASII level 4 or lower
 2. The youth's documented treatment plan goals and objectives have been substantially met.
 3. Readiness of the youth to transition out of the home, based on improved stabilization of behaviors and psychiatric concerns,
 4. The readiness of the parents/family to receive the child in a positive environment with Court approval.
 5. The youth has been reunified with the parent/custodian/caregiver, transitioned to a community-based setting (i.e., foster home, kinship care, adoptive home), or transitioned to living independently.
 6. Consent for treatment is withdrawn by the parent/custodian/guardian and there is no court order requiring such a level of care.
- G. For consumers transitioning from SERENITY to another GBHWC clinical program, please reference *CL-AP-06 Transition Policy*.

- H. SERENITY is funded through blended GBHWC funds as determined by appropriations, grants and third-party payors.

PROGRAM PHILOSOPHY GOALS AND OBJECTIVE

GBHWC's mission is to provide a culturally respectful, quality behavioral health services, that support and strengthen the well-being of the persons served, their families and the community in a safe environment. It envisions a healthy island, committed to promoting and improving the behavioral health and well-being of our community.

SERENITY adopted the System of Care philosophy and wraparound approach in its service planning, implementation and service delivery. This framework is built on the following Core Values and Guiding Principles: child-centered, youth-guided and family driven, strengths and community based, and culturally competent.

The children and youth admitted in SERENITY are usually wards of the courts and are in the Child Protective Services (CPS) because their parents are unable to provide appropriate care for their well-being and safety. Their temporary residential treatment support at SERENITY of 6 months duration to a maximum of 12 months, is to have the young person stabilized psychologically and behaviorally, and for the parents/relatives to be ready through various therapeutic interventions to receive and care for their children. If this is not viable, other alternative transition plans are explored and worked on early on for the young person to be placed in a more permanent community-based setting or transition to independent living before the end of 6 months and in some special cases 12 months.

DESCRIPTION AND SCOPE OF SERVICES

The SERENITY (step down home-SDH) is part of the continuum of care under the Child Adolescent Services Division. It stands for **S**uccessfully **E**ducating **R**esponsibility, **E**mpowerment in a **N**urturing environment **I**ndividuals **T**ransitioning from **Y**outh care services to a more permanent community-based setting or to independent living. It is a temporary residential treatment support for children and youth with severe emotional and mental health challenges who have been stabilized in the Crisis Stabilization Unit (CSU) or Therapeutic Group Home and need to move to a least restrictive setting prior to their return to their natural home or to a permanent home community-based setting. SERENITY is a level 4 in the CASII level of care service intensity.

SERENITY home shall provide screening, assessments, evaluation, treatment (counseling therapy, medication management), program development, suicide prevention activities, and re-entry/discharge planning as well as appropriate documentation of services. Specific services are delineated in the consumer information brochures. Psychiatric and Psychological referral are provided and facilitated when appropriate.

The Wraparound team work in collaboration with public, private, faith-based child-serving agencies, the family and natural support systems. It is organized in a coordinated network providing comprehensive array of mental health and related service. The Lead Provider

is a single point of access for all case management and other treatment planning services to include therapy and medication management services as needed by the assigned consumer.

A key program component will be The Seven Phases to Success Program. Serenity staff will facilitate this program in the evening after school and it will end before dinner time. The Clinical Team/Youth Coordinator/Serenity Staff will work in tandem to deliver the following services:

- Recreational activities
- Therapy (individual and group sessions)
- Life Skills training
- Daily Living Skills
- School Support
- Extracurricular Activities
- Community Service

Services	Scope of Services
Screening & Orientation	Family and youth orientation an initial process that screen consumer for eligibility to the program, or whether a service can be provided to the consumer based on their needs.
Intake Assessment	Process used with the youth to collect information related to his/her history and strengths, needs, abilities and preferences in order to determine the diagnosis, appropriate services and /or referral.
Treatment Planning	Individualized treatment planning based on the consumer's strengths, needs, abilities, and preferences. An interdisciplinary team/wrap around involves at least the consumer and the assigned staff member, and can include a psychiatrist, a nurse, a counselor social worker, parents or legal guardian, and others as appropriate. Treatment plans are reviewed monthly.
Treatment Model	Wrap Around Approach - A major characteristic of the Wraparound Fidelity) in working with children with SED and their families is that is includes a specific set of procedures, practices, and steps to develop individualized services that are community-based, span across the child/family life domains, that are collaborative and family focused, is unconditional and includes both informal and formal community and family resources for children and their families. Model (Grealish 2004; VanDerberg & Grealish, 1996
Adjunct Therapies	e.g. Skill building, music and other expressive art therapy
Counseling Service	Individual, group or and family counseling are available as needed. Individual and group counseling/therapy utilizes Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, person centered therapy, supportive psycho-educational and play therapy.

Case management Service	Coordinate care, develop predischarge transition plan. Work in conjunction with CPS, the court and Guam Dept. of Education (GDOE) utilizing the wrap around approach.
Psycho-education	Education on wellness and recovery on the persons mental health issues and coping skills

STAFFING CREDENTIALS & PROGRAM CAPACITY

SERENITY residential home is under the purview of the Psychiatric Social Service Administrator who oversee the Child Adolescent Services Division of GBHWC. An organizational chart for the GBHWC SERENITY will delineate reporting structures for all staff working within the program and shall be updated regularly with any new changes at least annually.

The resident home is in the community, a 4-bedroom house that accommodates 4 consumers. Each consumer has their own bed and personal area. The sex, age and special needs of each child/youth is considered in the sharing of the rooms. Each child/youth is expected to make his/her own bed and clean around the bedroom with assistance from the staff, if needed.

Staffing patterns are designed to provide the level of staffing needed to ensure the health, safety, and welfare of the youth in the homes. The program provides on-site personnel support twenty-four (24) hours a day seven (7) days per week. It varies depending on the needs of youths, in case of emergency and/or to manage unplanned needs, which may arise.

Positions	Responsibility	Qualifications
Psychiatric Technician	Provides care and supervision within the home, implementing the youth wrap plan/treatment plan, teaching social and life skills and assist with school work and other identified needs. The staff provide transport to and from school, to appointments; counseling. Medical/psychiatric, court hearing, family visitation and other pertinent meetings.	Has a high school diploma or GED and performs routine sub-professional psychiatric nursing work. Must have trained and certified in the Professional Crisis Management Authority (PCMA) program, Behavioral Tools as well as in Cardiopulmonary resuscitation (CPR) and other related training in managing behaviors such as the Collaborative Problem Solving (CPS) approach
Social Worker	The primary worker of the youth and develops the Wrap Plan/Treatment plan in collaboration with the other providers, which is shared with the SERENITY staff.	Social Workers must have a bachelor's degree in Social Work or other related behavioral health field
Counselor	Provides counseling	Master level or higher in behavioral health field
Youth Coordinator	The Youth Coordinator is responsible for developing appropriate physical, recreational and skills building activities for the young people at Serenity. Said person will coordinate the activities	Has a high school diploma or GED. Must have been trained and certified in the Professional Crisis Management Authority (PCMA) program, Behavioral Tools as well. Said person must have documented experience working with youths; furthermore, work experience with youths with

	<p>with the staff and implement the activities. The Youth Coordinator is to work in tandem with the clinical team to ensure they communicate with each other concerning the youths' overall progress. This person is required to communicate effectively with Serenity staff concerning the implementation of activities. Youth Coordinator must obtain CASD administrator's approval before recommending any activities to clinical team or staff.</p>	<p>serious emotional disturbances is a plus. Possesses a valid Guam driver's license.</p>
<p>Residential Program Manager</p>	<p>Administrative</p>	<p>Has a bachelor's degree in public or business administration, or a related field, with at least two (2) years' experience in residential care services. The RPM is responsible for day-to-day operations (e.g. scheduling psych techs, psych tech time sheets) and administrative tasks involved in the management of the homes. He/She liaisons with other agencies that may be impacted by transitions.</p>

DEFINITIONS:

RESPONSIBILITY:

RELATED POLICY (IES):

SUPERSEDES: Title; Policy No.; Effective Date/signature date; Approving individual's name

REFERENCES:

<https://www.childwelfare.gov/topics/outofhome/group-residential-care/>



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

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Policy No.: CL-CASD-RP-01

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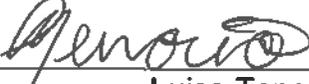
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